

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

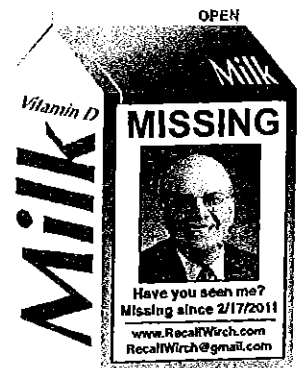
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Alexander K. Conner</u>	<u>325 SMITH ST</u> <u>BURLINGTON</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-5-11</u>
2. <u>Matt LeDuc</u>	<u>957 ECHO DR</u> <u>BURLINGTON</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-5-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 STATE ST. Burlington Wis. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-5-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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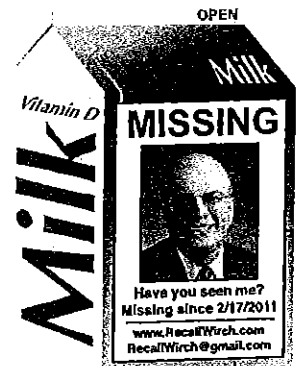
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Judy Klein</u>	<u>430 Park Ave.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-4-11</u>
2. <u>Walter Klein</u>	<u>430 PARK AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4/4/11</u>
3. <u>Gayle B. Jones</u>	<u>472 Park Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4/7/11</u>
4. <u>Kendra Gabriel</u>	<u>540 Park Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-4-11</u>
5. <u>Shen Denning</u>	<u>556 Park Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-4-11</u>
6. <u>Dale R. Titus</u>	<u>549 Oak St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
7. <u>Joyce Stecher</u>	<u>543 Oak St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
8. <u>Shirley Dean</u>	<u>525 Oak St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
9. <u>Phyllis</u>	<u>507 Oak St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>
10. <u>Ralph Mone</u>	<u>488 Tower St Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-6-11</u>

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4-6-11
(date)

Charles Krause
(signature of circulator)

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1. <u>Law P. Barkhouse</u>	<u>655 Astor Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
2. <u>Bill Miller</u>	<u>663 Astor Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
3. <u>Martha S. McG</u>	<u>656 Astor Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
4. <u>Carmen McKinnis</u>	<u>408 Highridge</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
5. <u>Paul McGinnis</u>	<u>408 Highridge</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
6. <u>Bill Miller</u>	<u>409 Highridge Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
7. <u>Nois Ulland</u>	<u>409 Highridge Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
8. <u>Edith Bury</u>	<u>389 Highridge Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/11</u>
9. <u>Karen Carlson</u>	<u>381 Highridge Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/11</u>
10. <u>Gertrud Leith</u>	<u>325 Highridge</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-30/11</u>

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3-30-11
(date)

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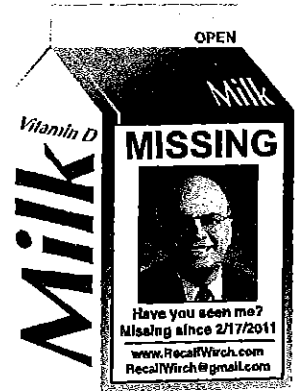
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1. <i>[Signature]</i>	<u>356 Highwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/11</u>
2. <i>[Signature]</i>	<u>708 Brady St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/11</u>
3. <i>[Signature]</i>	<u>400 Stonewall Ct.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/11</u>
4. <i>[Signature]</i>	<u>848 Brady</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-30-11</u>
5. <i>[Signature]</i>	<u>857 Brady</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
6. <i>[Signature]</i>	<u>117 N. MAPLE AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/30/2011</u>
7. <i>[Signature]</i>	<u>117 N. MAPLE DR</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3/31/2011</u>
8. <i>[Signature]</i>	<u>140 N Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/31/2011</u>
9. <i>[Signature]</i>	<u>140 N. Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/31/11</u>
10. <i>[Signature]</i>	<u>141 N. Oakwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-31-11</u>

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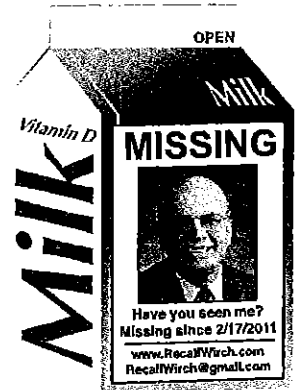
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1. <u>Opdy Grejchowski</u>	<u>224 Origen St</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/2/11</u>
2. <u>Bruce Bruntz</u>	<u>361 Highridge</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/2/11</u>
3. <u>M. J. Dutton</u>	<u>361 Highridge</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
4. <u>Chm Gehan</u>	<u>345 Penard St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Paninetar</u>	<u>4-2-11</u>
5. <u>Ram Alden</u>	<u>917 Appomattox Rd</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
6. <u>Brian Zook</u>	<u>35519 Voree Cnt.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
7. <u>Jay Zook</u>	<u>35519 Voree Ct</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
8. <u>Manuel Castells, Jr.</u>	<u>35410 W. State</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/2/11</u>
9. <u>Bonita Castells</u>	<u>35410 W. State</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
10. <u>Clinton Colburn</u>	<u>35410 W. State</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>

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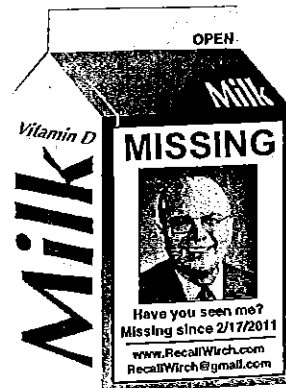
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1. <u>[Signature]</u>	<u>540 WALNUT ST.</u> <u>BURLINGTON, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-28-11</u>
2. <u>[Signature]</u>	<u>353 CHURCH ST.</u> <u>BURLINGTON, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-2-11</u>
3. <u>[Signature]</u>	<u>353 church st</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4-2-11</u>
4. <u>[Signature]</u>	<u>309 Church St.</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
5. <u>[Signature]</u>	<u>309 Church St</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
6. <u>[Signature]</u>	<u>280 Church St</u> <u>Burlington Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
7. <u>[Signature]</u>	<u>280 Church Street</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
8. <u>[Signature]</u>	<u>317 W. Mendota</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4-2-11</u>
9. <u>[Signature]</u>	<u>317 Mendota</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
10. <u>[Signature]</u>	<u>65 N Maple</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/2/11</u>

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(date)

[Signature]
(signature of circulator)

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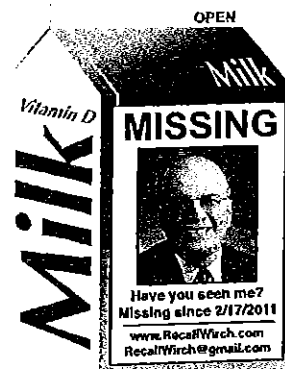
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Edward U. Uch	432 Westridge Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4/4/11
2. J. A. Uch	432 Westridge Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4/4/11
3. Marvin Dunbar	440 Westridge Ave.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4/4/11
4. Fredrick Koenen	215 Thorngate Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4/4/11
5. Mary J. Koenen	215 Thorngate Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4-4-11
6. J. J. Swartz	205 Thorngate Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4/4/11
7. Doris E. Swartz	205 Thorngate Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4-4-11
8. Elizabeth F. Swartz	204 Thorngate Ct.	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4-4-11
9. Barbara B. Sobern	208 THORNGATE CT	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4-4-11
10. Dawn Gundo	431 Park Ave	<input type="checkbox"/> Town <input type="checkbox"/> Village Burlington <input checked="" type="checkbox"/> City	4-4-11

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST. Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

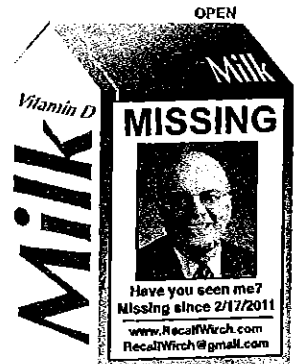
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Paul Miller</u>	<u>548 GAK ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4/5/11</u>
2. <u>Beverly Edwards</u>	<u>558 Orchard St.</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
3. <u>May M. Harty</u>	<u>961 Dorothy Ct.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
4. <u>Gregory Smiley</u>	<u>353 Traveller Run</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
5. <u>Richard L. Bonner</u>	<u>465 ORCHARD ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-5-11</u>
6. <u>John C. Voss</u>	<u>1470 Pleasant St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-5-11</u>
7. <u>[Signature]</u>	<u>112 E Chestnut St.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
8. <u>[Signature]</u>	<u>457 HERMAST</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>
9. <u>Seamus [Signature]</u>	<u>441 WESTRIDGE AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4/5/11</u>
10. <u>Shelley Dufferback</u>	<u>525 ROSE AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/5/11</u>

Certification of Circulator

I, Charles Krause, certify:

(name of circulator)

I reside at 35300 State ST Burlington Wis 53105

(circulator's residence - include number, street, and municipality)

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4-5-11
(date)

Charles Krause
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

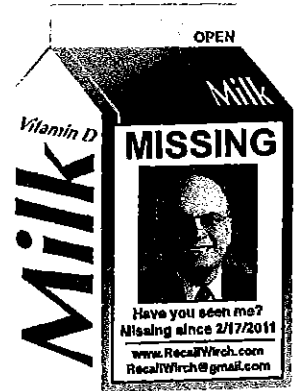
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>456 Dardis Dr.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
2. <u>[Signature]</u>	<u>456 Dardis Drive</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
3. <u>[Signature]</u>	<u>448 Dardis Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
4. <u>[Signature]</u>	<u>465 Dardis Dr</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Vincent P. Lambrecht, **Certification of Circulator**, certify:

I reside at 7716 38th Street Town of Somers (Kenosha mailing)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

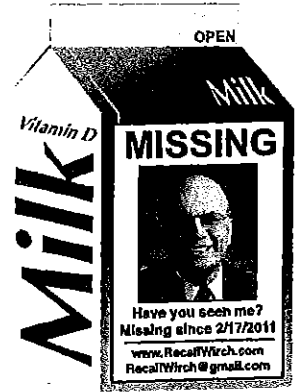
(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Carl Leibrer</u>	<u>379 Lincoln St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
2. <u>Ellen Lechner</u>	<u>379 Lincoln St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3-11</u>
3. <u>Tom Gorman</u>	<u>355 LINCOLN ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>4-3-11</u>
4. <u>Deb Gorman</u>	<u>355 LINCOLN ST</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
5. <u>Karen McKen</u>	<u>313 Lincoln St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
6. <u>Mary Menn</u>	<u>324 Schenck St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
7. <u>John Sime</u>	<u>425 So Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
8. <u>Louise M. Sime</u>	<u>425 So Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
9. <u>William Stroock</u>	<u>441 So Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
10. <u>Patricia Stroock</u>	<u>441 S. Elmwood</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>

I, Unceat P. Lambrechts **Certification of Circulator**

, certify:

I reside at 7716 38th Street Town of Somers (Kenosha mailing)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/3/11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

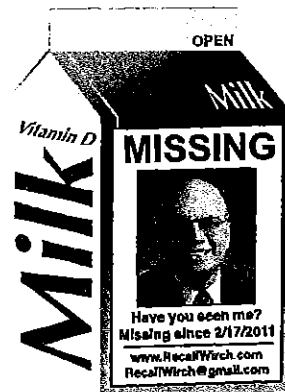
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>Becky Hartz</i>	<i>466 Dutton St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
2. <i>Joel Kib</i>	<i>340 Garfield St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
3. <i>Jim Voegelwang</i>	<i>356 Garfield St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4-03-11</i>
4. <i>Carol Lharber</i>	<i>409 Garfield St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4-03-11</i>
5. <i>Michelle G. Burt</i>	<i>381 Garfield St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4-3-11</i>
6. <i>Wanda K</i>	<i>381 Garfield St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
7. <i>John</i>	<i>357 Dutton St.</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
8. <i>Chris White</i>	<i>473 Dutton St</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
9. <i>Carol W. K. K.</i>	<i>473 Dutton St Burlington WI 53101</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>
10. <i>Bill & Woody</i>	<i>472 Northrop St Burlington 53101</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Burlington</i>	<i>4/3/11</i>

Certification of Circulator

I, Vincent P. Lamprechts, certify:

I reside at 7716 38th Street Town of Somers (Kenosha) (Illinois)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

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petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

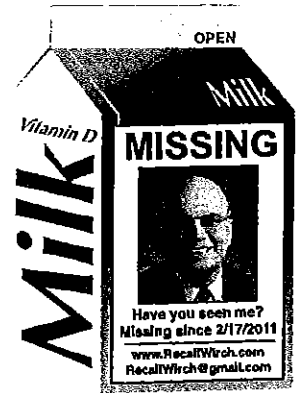
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Amos J. Lohel</u>	<u>424 Northrop St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
2. <u>Wane Fry</u>	<u>466 Northrop Street</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
3. <u>K. Chambers</u>	<u>456 Northrop St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/3/11</u>
4. <u>Dawn M. Myerburg</u>	<u>444 Berry St #4</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
5. <u>Vickie Koenig</u>	<u>405 Belmont Street</u> <u>Apt 6, Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
6. <u>Lyndford A. Collins</u>	<u>400 Belmont St #6</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
7. <u>Jeffrey E. Stuebe</u>	<u>480 Sunset Dr #10</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4.3.11</u>
8. <u>Rich Wip</u>	<u>480 Sunset Dr. Apt. 13</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
9. <u>Elizabeth J. Brown</u>	<u>474 South Elmwood</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>
10. <u>Wesley E. Dunn</u>	<u>416 S. Elmwood Ave</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-3-11</u>

Certification of Circulator

I, Vincent P. Lambrecht

(name of circulator)

certify:

I reside at

7716 38th Street

Burlington, WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/3/11

(date)

[Signature]

(signature of circulator)

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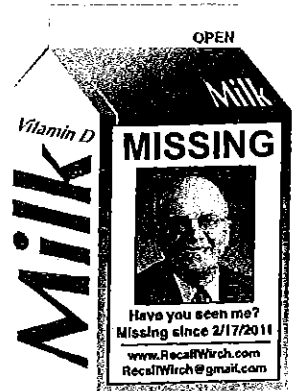
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1. <u>Melissa H. Gonzales</u>	<u>141 E. State St.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>04/02/11</u>
2. <u>Kimberly Micholshi</u>	<u>141 E. State St.</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>04/02/11</u>
3. <u>Dan Noble</u>	<u>1200 S. English sett. Ave.</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-2-11</u>
4. <u>Isa Torres</u>	<u>413 S. Pine street</u> <u>Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/2/11</u>
5. <u>Dan Schreiner</u>	<u>473 Mary St.</u> <u>BURLINGTON</u>	<input type="checkbox"/> Town <u>BURLINGTON</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
6. <u>Steve Bartlett</u>	<u>164 Reynolds Ave.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4/2/11</u>
7. <u>Stacy Sheard</u>	<u>440 Mary</u> <u>Burlington</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
8. <u>Chris</u>	<u>BURLINGTON, WI</u> <u>309 Henry St.</u>	<input type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>4-2-11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, TIMOTHY J. REGNER, certify:

(name of circulator)

I reside at 30138 MOCCASIN DR. BURLINGTON, WI. 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

Timothy J. Regner
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

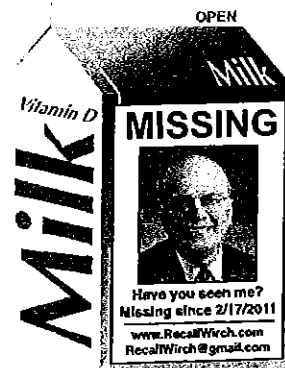
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Cathy Miller</u>	<u>1865 Pine</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
2. <u>[Signature]</u>	<u>217 S. Pine St</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/7/11</u>
3. <u>Colleen Kelly</u>	<u>149 E State St</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
4. <u>Sergio Sanchez</u>	<u>143 E State St</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
5. <u>Reyna Tamayo</u>	<u>340 E Market S-</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/7/11</u>
6. <u>Charlene Miles</u>	<u>340 Winnwright Ave.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
7. <u>[Signature]</u>	<u>340 Alice St.</u> <u>Burlington 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
8. <u>Bernie Rubach</u>	<u>333 Tenny St</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-7-11</u>
9. <u>Swanee Puetz</u>	<u>227 E Chandler Blvd.</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/7-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, William F. Wiske, certify:

(name of circulator)

I reside at 106A N. Muskegon Rd, Burlington, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/7/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

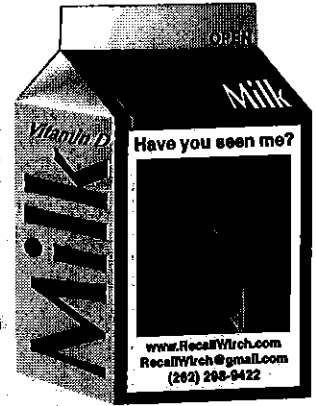
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kenneth Johns</u>	<u>3105 S. Honey Lk Rd</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/4/11</u>
2. <u>Deane Johns</u>	<u>3105 S. Honey Lk Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>" "</u>	<u>4/4/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Kenneth Johns, certify:
(name of circulator)

I reside at 3105 S. Honey Lk Rd Burlington WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

Kenneth Johns
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

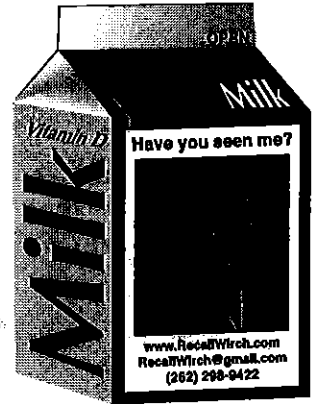
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
2. <u>[Signature]</u>	<u>34116 OAKDALE CT</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-30-11</u>
3. <u>[Signature]</u>	<u>34116 OAKDALE CT</u> <u>BURLINGTON WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-30-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Tim Burch **Certification of Circulator**, certify:

(name of circulator)

I reside at 34116 OAKDALE CT, Burlington WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-30-11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

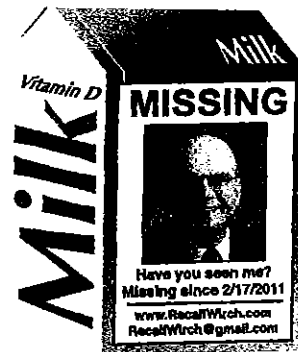
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Deb Miller</u>	<u>1429 Greenfield Ave.</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>LYONS</u>	<u>3-2-11</u>
2. <u>Kathy Falt</u>	<u>117 Midwood Drive</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-2-11</u>
3. <u>Donna Marcell</u>	<u>8530 Heather Ave</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-2-11</u>
4. <u>Jeff</u>	<u>29800 Bushnell Rd</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-3-11</u>
5. <u>Gayle W. Chast</u>	<u>389 Randolph St</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-4-11</u>
6. <u>Mary P Rice</u>	<u>30341 Bushnell Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-4-11</u>
7. <u>Ralph Rice</u>	<u>30341 Bushnell Rd</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-4-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Phyllis Rice, certify:
(name of circulator)
I reside at 29800 Bushnell Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1917

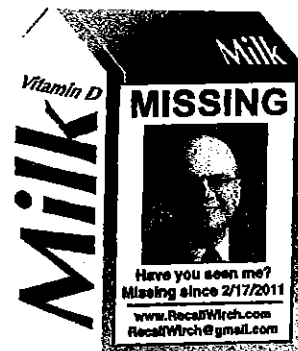
We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)*Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Brenda Boggs</u>	<u>8903 Wheatland Rd</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-8-11</u>
2. <u>Barth Brehner</u>	<u>3011 Lincoln St.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-8-11</u>
3. <u>Joan Litzky</u>	<u>816 Echo Dr.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3-8-11</u>
4. <u>Chris Rice</u>	<u>7114 Wheatland Rd</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>3-15-11</u>
5. <u>Tom Busch</u>	<u>654 Fox Tree Cr Apt 2</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>3-15-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Phyllis Rice **Certification of Circulator**, certify:I reside at 29800 Bushnell Rd Burlington WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/5/11

(signature of circulator)

Phyllis Rice

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

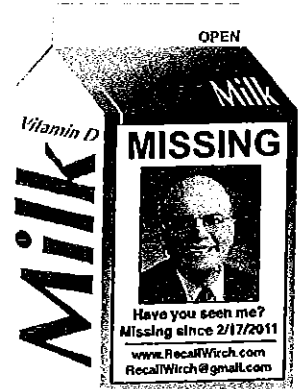
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Tammy Malone</u>	<u>30026 MT Tom Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-11-11</u>
2. <u>Daniel Maytum</u>	<u>30026 MT Tom Rd</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3H-111</u>
3. <u>Barbara J Conrad</u>	<u>30419 Durand Dr</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
4. <u>Joann Lois</u>	<u>4 1/2 Walnut St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/15/11</u>
5. <u>Dan Ford</u>	<u>412 Walnut St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>3/15/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Darlene Conrad, certify:

(name of circulator)

I reside at 29834 Pinewood Dr. in the Township of Burlington

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

April 5th 2011
(date)

Darlene J. Conrad
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Shelly Labadie</u>	<u>4705 Evergreen Terr. Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/20/11</u>
2. <u>Breni McParland</u>	<u>7938 W. Lakeshore Dr Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/27/11</u>
3. <u>M. Himp</u>	<u>7958 W. Lakeshore Burlington WI 53105</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/28/11</u>
4. <u>Joe Doe</u>	<u>7958 McHenry St Burlington WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/28/11</u>
5. <u>Cody Grandak</u>	<u>7938 West Lakeshore Drive, Burlington, 53105 WI</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/28/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Breni McParland, certify:

(name of circulator)

I reside at 7938 W. Lakeshore Dr. Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/31/11
(date)

Breni McParland
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

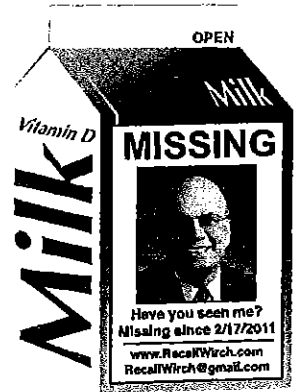
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>101 E. State St</u> <u>Burlington</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
2. <u>[Signature]</u>	<u>101 E State St</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>4-2-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Robert Hartwick, certify:

(name of circulator)

I reside at 101 S. KANE ST BURLINGTON, WI CITY Burlington

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/4/11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

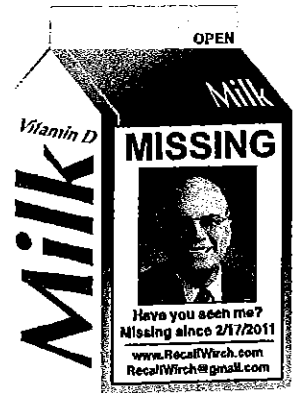
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1.	<u>31506 BEAR ARBORETUM</u> <u>BURLINGTON, WI #107</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>BURLINGTON</u>	<u>03/27/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Robert Hartwick, certify:

(name of circulator)

I reside at 101 S. KANE ST. BURLINGTON, WI BURLINGTON, CITY

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/27/2011
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jay Spiegelhoff</u>	<u>10901 60TH ST</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/9/11</u>
2. <u>Brad Spiegelhoff</u>	<u>10901 60TH ST</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/9/11</u>
3. <u>Joe Ruff</u>	<u>1405 S. 6th ST</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>KENOSHA</u> <input type="checkbox"/> City	<u>3/10/11</u>
4. <u>Patricia Seglow</u>	<u>2005 So Burman Lake</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City	<u>4/5/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, TIMOTHY H. CISLER, certify:

(name of circulator)

I reside at 1315 RIVER KNOLL ST., BURLINGTON, WI 53405
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-9-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

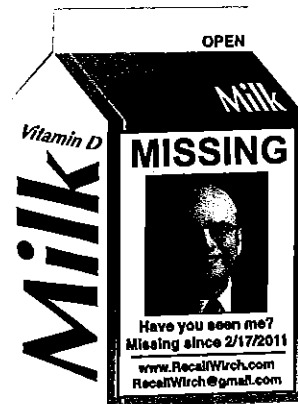
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. James M. Olson	349 Robins Run	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/11/11
2. Barbara J Olson	349 Robins Run	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	3/15/11
3. Julie L. Stohr	37945 91st St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4/2/11
4. Jacob Stohr	301 Homestead Dr.	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Twin Lakes <input type="checkbox"/> City	4/2/11
5. Dennis Blotsch	9045 374th Ct	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4-2-11
6. John W. Treger	39004 84th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4/2/11
7. Pam Franzen	9413 401 Ave	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4-2-11
8. [Signature]	40111 95th St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4-2-11
9. Rose Rutherford	40111 95th St	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4/2/11
10. Margaret Starzyk	39405 92nd Pl.	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Randall	4/4/11

Certification of Circulator

I, MARK STARZYK

, certify:

I reside at 39405 92nd Pl Powers lake wi 53159 Po Box 156 Randall.
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-4-11
(date)

My mark Starzyk
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

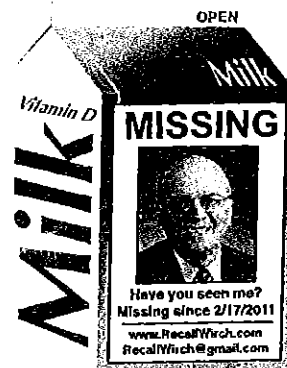
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Heather Thomas</u>	<u>564 E Jefferson St</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4-2-2011</u>
2. <u>Ryan Hudson</u>	<u>600 Madison Ln</u> <u>Burlington WI 53103</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>"</u>	<u>4-2-11</u>
3. <u>Carol Felf</u>	<u>209 Parkview Dr</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>4-2-11</u>
4. <u>Melissa Henning</u>	<u>625 Edgewood Dr</u> <u>Burl.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>" "</u>	<u>4-2-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Nancy Hueckman

(name of circulator)

, certify:

I reside at 8017 Valley Drive Wind Lake, Wis. 53185

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/2/11
(date)

Nancy Hueckman
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

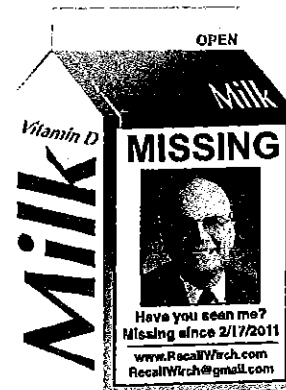
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Selena Braw</u>	<u>549 E. Jefferson St</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4-2-11</u>
2. <u>[Signature]</u> <u>Brian Goble</u>	<u>557 E. Jefferson St</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4/2/11</u>
3. <u>[Signature]</u> <u>Tyson Mundt</u>	<u>624 Viewcrest Dr</u> <u>Burlington, WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4/2/11</u>
4. <u>[Signature]</u>	<u>Burlington, WI</u> <u>240 Chapel Terrace</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington, WI</u>	<u>4/2/11</u>
5. <u>Corie Blawie</u>	<u>256 Chapel Terrace</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4/2/11</u>
6. <u>James P. Melhart</u>	<u>233 Parkview Dr</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>4-2-11</u>
7. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

1. Franklin E Dames **Certification of Circulator**, certify:

I reside at 324 Kendall St Burlington, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/02/11
(date)

Franklin E Dames
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>John G. Braig</u>	<u>4707-84 STREET</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3-25-11</u>
2. <u>Mary Callen Braig</u>	<u>4707 84th Street</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3-25-11</u>
3. <u>Mary Callen Braig</u>	<u>4503-83rd St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <u>Pleasant</u> <input checked="" type="checkbox"/> Village <u>Prairie</u> <input type="checkbox"/> City	<u>3-26-11</u>
4. <u>William Wilson</u>	<u>4727 84th St.</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3-27-11</u>
5. <u>Jean Wildman</u>	<u>8361-26 Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>KENOSHA</u> <input type="checkbox"/> City	<u>3-27-11</u>
6. <u>Joseph C Wildman</u>	<u>8361-26 Ave.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-27-11</u>
7. <u>Antony Zeiden</u>	<u>7108 1st AVE</u> <u>KENOSHA WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-27-11</u>
8. <u>[Signature]</u>	<u>4707 84th STREET</u> <u>KENOSHA WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3-31-11</u>
9. <u>Marcia Braig</u>	<u>3305 S. BROWNS LK Drive</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>BURLINGTON</u> <input type="checkbox"/> City	<u>4-2-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, John G. Braig, certify:

(name of circulator)

I reside at 4707-84 ST KENOSHA, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

APRIL 7, 2011
(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

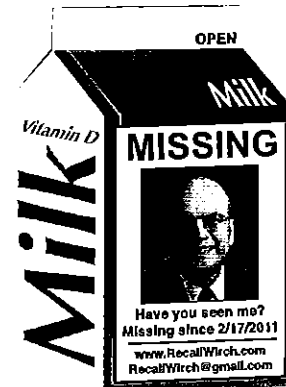
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Juanita Ho</u>	<u>6515 94th Ct. Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
2. <u>Jamie Sward</u>	<u>7305 98th Ave Unit J Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
3. <u>Mark Sward</u>	<u>7305 98th Ave Unit J Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
4. <u>Mike L</u>	<u>7845 19 Ave Kenosha WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-5-11</u>
5. <u>Chris H</u>	<u>10907 67th Pl Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
6. <u>Chris U</u>	<u>9223 74th St 53142 Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
7. <u>Kelly Paquette</u>	<u>9427 67th St Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
8. <u>Gregory Boufford</u>	<u>9434 68th St Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
9. <u>Mike M</u>	<u>11003 61st St Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>
10. <u>Nick Fritz</u>	<u>9707 64th Street Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/5/11</u>

I, Colene K. Hutchinson, certify:

(name of circulator)

I reside at 4421 Harrison Road Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11
(date)

Colene K. Hutchinson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

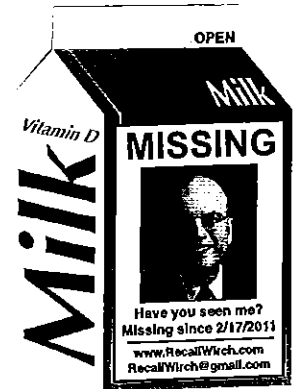
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	12026 47 th Ave Pleasant Prairie, WI 53158	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	4-9-11
2. <i>[Signature]</i>	6743-50 Ave Kenosha, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha	4-9-11
3. <i>[Signature]</i>	10274 47 th Ave Pleasant Prairie, WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	4-9-11
4. <i>[Signature]</i>	6109 78 th St Kenosha, WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kenosha, WI	4-9-11
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Amy Giles-Maurer, certify:
(name of circulator)
I reside at 257 Old Green Bay Rd - Kenosha WI Town of Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-9-11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>10907 88TH ST</u> <u>PLEASANT PRAIRIE, WI 53140</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4-9-11</u>
2. <u>[Signature]</u>	<u>4303 75th St #62</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4-9-11</u>
3. <u>[Signature]</u>	<u>7102 31st Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/9/11</u>
4. <u>[Signature]</u>	<u>9626 113th St</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/9/11</u>
5. <u>[Signature]</u>	<u>6721 49th Ave</u> <u>KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/9/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Cenia Brooks Hawk **Certification of Circulator**, certify:
(name of circulator)

I reside at 8201 66th St Kenosha WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support the recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

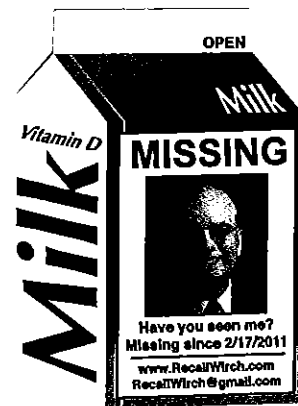
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Candace Sutter</u>	<u>5585 63 St</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/26/11</u>
2. <u>Oliver Hoggan</u>	<u>407 68th St</u> <u>Kenosha</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/9/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Margaret Macht, certify:
(name of circulator)

I reside at 1134 22 Ave Kenosha
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

Margaret Macht
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wurch 22nd District State Senate of Wisconsin

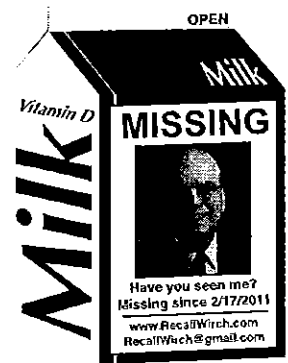
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>William E. Pruett</u>	<u>1072 288th Ave</u>	<input checked="" type="checkbox"/> Town <u>BRIGHTON</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-2-11</u>
2. <u>Jason P. Doe</u>	<u>1072 288th Ave</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-2-11</u>
3. <u>Chunmin Wu</u>	<u>23320-84th St</u>	<input checked="" type="checkbox"/> Town <u>Salem</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/2/11</u>
4. <u>Michelle Bauer</u>	<u>11325 9th St</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/3/11</u>
5. <u>Rebecca Gregor</u>	<u>5912-56th Ave</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/4/11</u>
6. <u>Natalie Culeba</u>	<u>7944 39 Ave</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3/7/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, William E. Pruett, certify:

(name of circulator)

I reside at 7904 39th Ave Kenosha

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 16.13(3)(a), Wis. Stats.

4-9-11
(date)

William E. Pruett
(signature of circulator)

Please mail this form to:

Recall Wurch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWurch.com • RecallWurch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

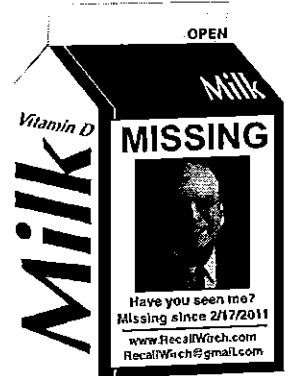
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Robert M. Myer</u>	<u>7718-10th AVE</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/9/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, William E. Probst, certify:
(name of circulator)

I reside at 7904 38th Ave Kenosha
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-9-11
(date)

William E. Probst
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirth 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>9110 Prairie Village Dr</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant</u> <input type="checkbox"/> City <u>Prairie</u>	<u>3/13/11</u>
2. <u>[Signature]</u>	<u>6109 54th Ave</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3/13/11</u>
3. <u>[Signature]</u>	<u>4011-51st Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3/13/11</u>
4. <u>[Signature]</u>	<u>3923 51st Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
5. <u>[Signature]</u>	<u>3923 51st Ave</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
6. <u>[Signature]</u>	<u>6214-64 St.</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/15/11</u>
7. <u>[Signature]</u>	<u>4020 85th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant</u> <input type="checkbox"/> City <u>Prairie</u>	<u>3/18/11</u>
8. <u>[Signature]</u>	<u>4020 85th St.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant</u> <u>Prairie</u>	<u>3/18/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Julie Mellon Julie Mellon, certify:

(name of circulator)

I reside at 6214-64 St. Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/9/11

(signature of circulator)

Julie Mellon

Please mail this form to:

Recall Wirth

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirth.com • RecallWirth@gmail.com

Page No.

1934

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Rob Mydall</u>	<u>8100 144th Ave</u> <u>Bristol, WI</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-16-11</u>
2. <u>Keely Mydall</u>	<u>8100 144th Ave</u> <u>Bristol, WI 53104</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-16-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Patricia Coddington, certify:

(name of circulator)

I reside at 8133-144th Ave, Bristol, WI 53104

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4-9-11
(date)

Patricia Coddington
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1935

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

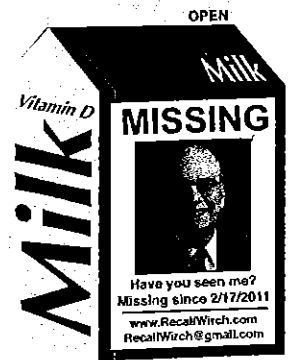
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <i>[Signature]</i>	11105 233 AVE	<input checked="" type="checkbox"/> Town TREVOR <input type="checkbox"/> Village SALEM <input type="checkbox"/> City	4/8/11
2. <i>[Signature]</i>	11105 233RD AVE	<input checked="" type="checkbox"/> Town TREVOR <input type="checkbox"/> Village SALEM <input type="checkbox"/> City	4/8/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Kristin Agner **Certification of Circulator**, certify:

I reside at 9810-15th Street Kenosha, WI 53144
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/2011
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

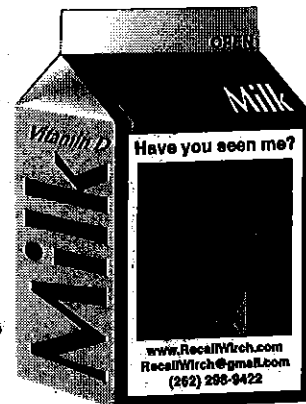
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	148 N. Elmwood Ave Burlington, WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	4-3-11
2.	148 N. ELMWOOD AVE. BURLINGTON, WI 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City BURLINGTON	4/3/11
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, THEODORE J. EHLEN, certify:

(name of circulator)

I reside at 148 N. ELMWOOD AVENUE, BURLINGTON, WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

(date)

4/3/11

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. Patricia L Burke	9126 113th St Ph Pre WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Prairie <input type="checkbox"/> City	4/9/11
2. George P. Pauto	6927 27th Ave Kenosha Wisconsin	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input type="checkbox"/> City	4/9/2011
3. Alayne Addank	6618 31st Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	4/9/2011
4. Kathy Zapencki	3917-18 Ave Kenosha	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	4/9/11
5. DAVID ZAPENCKI	3917 18th Ave KENOSHA W 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village KENOSHA <input checked="" type="checkbox"/> City	4/9/11
6. Lodie Anna	5933 PERSHING RD KENOSH, WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village KENOSHIA <input checked="" type="checkbox"/> City	4/9/11
7. GW Zenger	8121 65th Ave Kenosha, WI 53192	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input type="checkbox"/> City	4/9/11
8. Doreen M. Holajis	9928 63rd Street Kenosha WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village Kenosha <input checked="" type="checkbox"/> City	4/9/11
9. Anissa Martinez	6322 24th Ave. Paddock Lake WI 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Paddock Lake <input type="checkbox"/> City	4/9/11
10. Peter P Lee	1515 10th St Pleasant Plain WI 53158	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Pleasant Plain <input type="checkbox"/> City	4/9/11

I, Amy Giles-Maurer, certify:

I reside at 257 Old Green Bay Rd - Kenosha WI Town of Somers
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date) 4-9-11

(signature of circulator)

Please mail this form to: Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

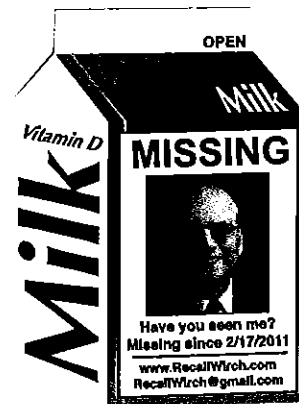
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Peter Oles</u>	<u>10311 66th Ave Unit 3-D</u> <u>PLEASANT PRAIRIE WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>PLEASANT PRAIRIE</u>	<u>3-13-11</u>
2. <u>Robert Z. Olson</u>	<u>10311 66th 3D</u> <u>PLEASANT PRAIRIE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/13/11</u>
3. <u>Gregg J. Olson</u>	<u>4115 89 St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/26/11</u>
4. <u>W. J. Olson</u>	<u>4115 89 St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/26/11</u>
5. <u>Chris Olson</u>	<u>12152 37th Ave</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/1/11</u>
6. <u>Bela Oles</u>	<u>12152 37th A</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/1/11</u>
7. <u>Janet Oles</u>	<u>10533- 88th Place</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4/1/11</u>
8. <u>Janet Oles</u>	<u>60208 - 32nd Ave.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/6/11</u>
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, EUGENE HAINAULT

Certification of Circulator

, certify:

I reside at 8040 48 AVE KENOSHA, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

Eugene Hainault
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1939

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

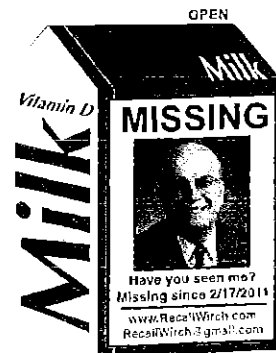
petition for the recall of Robert Wirth 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Richard Lindquist</u>	<u>2310-24 St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>4.3.2011</u>
2. <u>April Lindquist</u>	<u>2310-24 St</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4.3.2011</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, April Lindquist, certify:
(name of circulator)

I reside at 2310-24 Street, Kenosha WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

4/8/2011
(date)

April Lindquist
(signature of circulator)

Please mail this form to:

Recall Wirth

GAB-170/R/3.0-2009. The information has been requested by § 19.35(2)(b), Wis. Stats.
This form is provided by the Government Accountability Board, P.O. Box 284, Madison, WI 53704-0284.
ENR 766 SUPP. 11-11-09, sec. 1, ch. 1, sub. 1, sec. 1.

P.O. Box 28 • Silver Lake, WI 53170

www.RecallWirth.com • RecallWirth@gmail.com

Page No.

1940

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

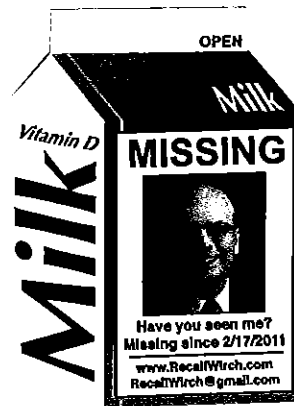
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Christina DeBorja</u>	<u>6502-108th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>02/26/11</u>
2. <u>Paul C. [Signature]</u>	<u>10920 66th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>02/26/11</u>
3. <u>H. P. [Signature]</u>	<u>10914 66th St</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>02/26/11</u>
4. <u>Erin [Signature]</u>	<u>10915-66th St</u> <u>KENOSHA, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>2/27/11</u>
5. <u>Andrew [Signature]</u>	<u>10909 66th St</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
6. <u>St. A. [Signature]</u>	<u>6512 108th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
7. <u>[Signature]</u>	<u>6519 103rd</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
8. <u>Vincent [Signature]</u>	<u>6513 108 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
9. <u>Sanku Ayre</u>	<u>6513 108 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27/11</u>
10. <u>Henrika [Signature]</u>	<u>6513 108th Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27/11</u>

Certification of Circulator

I, Andrew Rorkoch, certify:

I reside at 6502 108th Ave Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1941

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

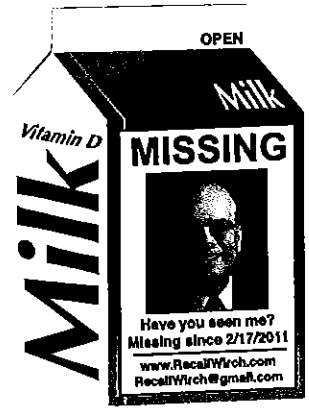
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Daniel F. [Signature]</u>	<u>7823 Greenbay rd</u> <u>Kenosha, Wisconsin</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/26/11</u>
2. <u>[Signature]</u>	<u>6501 108th Ave</u> <u>Kenosha, Wisco. 53141</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
3. <u>[Signature]</u>	<u>11006 65th St</u> <u>Kenosha, Wisconsin</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
4. <u>[Signature]</u>	<u>11012 65th St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
5. <u>[Signature]</u>	<u>11012 65th St.</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
6. <u>[Signature]</u>	<u>6510 11th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
7. <u>[Signature]</u>	<u>6510 11th Ave</u> <u>Kenosha, Wis</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
8. <u>Denisia J. [Signature]</u>	<u>Same as above</u> <u>6510 11th Ave, Kenosha, WI.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
9. <u>[Signature]</u>	<u>11014 66th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
10. <u>[Signature]</u>	<u>11008 66th St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>

Certification of Circulator

I, Andrew Roekoff, certify:

I reside at 6502 108th Ave Kenosha WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

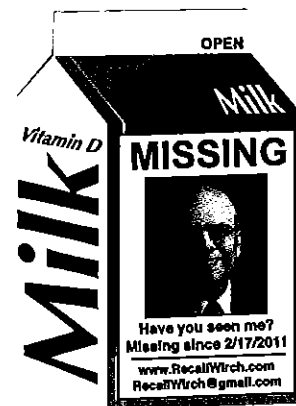
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>8870 LAKE SHORE DR</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3/30/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JACKIE PLAUCK, certify:
(name of circulator)

I reside at 8722 LAKE SHORE DR, PLEASANT PRAIRIE, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/8/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1943

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

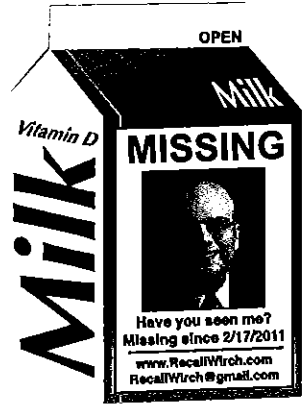
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Don Lorenzini</u>	<u>6501 108th Ave</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-2011</u>
2. <u>Beth Lorenzini</u>	<u>6501 108th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-2011</u>
3. <u>Debra J. Wolchuk</u>	<u>10812 67th street</u> <u>Kenosha, WISC 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27-2011</u>
4. <u>Rob. W. Wolk</u>	<u>10812 67th St</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/2011</u>
5. <u>Michelle Schapman</u>	<u>10908 67th St</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2/27/11</u>
6. <u>Heather Kosterman</u>	<u>6501 108th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-27/11</u>
7. <u>Troy Kosterman</u>	<u>6501 108th Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>02/27/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Andrew Roerkoh, certify:

(name of circulator)

I reside at 6502 108th Ave Kenosha WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated by his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§(3)(a), Wis. Stats.

4/9/11
(date)

Andrew Roerkoh
(signature of circulator)

Please mail this form to:

Recall Wirch

The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

WI.gov email: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1944

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

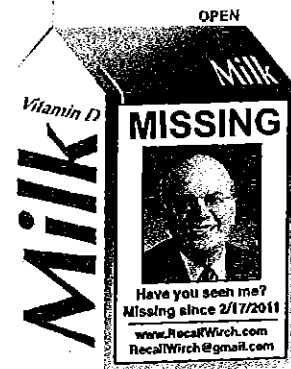
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>11571 14th Ave</u> <u>Pleasant Prairie</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-17-11</u>
2. <u>[Signature]</u>	<u>11105 42nd Ave</u> <u>Pleasant Prairie</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, NEIL ROSENBAUM, certify:

(name of circulator)

I reside at 1617 LAKEWOOD AVE RACINE, WI 53403

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

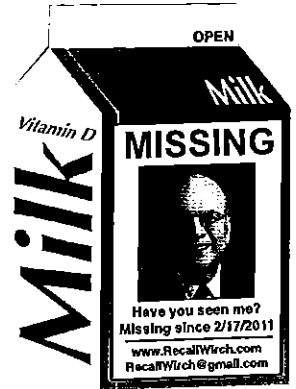
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>4121 24th Ave</u> <u>Kenosha, WI 53140</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
2. <u>[Signature]</u>	<u>7004-55 St</u> <u>Kenosha WI 53142</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4-7-11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JOEL D. PETERSON, certify:

(name of circulator)

I reside at 8315 10th AVE, KENOSHA

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/7/11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

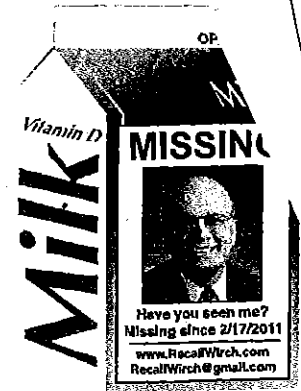
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <i>[Signature]</i>	<u>7716 38th Street</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>4/8/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, VINCENT LAMARECHTS, certify:

I reside at 7716 38th Street Kenosha (Somers) Madison,
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

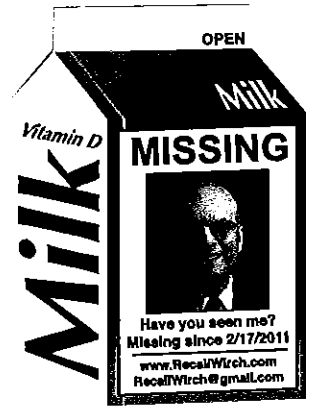
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>5503-43 AVE.</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-11-11</u>
2. <u>[Signature]</u>	<u>6929 38th AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/11/11</u>
3. <u>[Signature]</u>	<u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	<u>3-11-11</u>
4. <u>[Signature]</u>	<u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-11-11</u>
5. <u>[Signature]</u>	<u>K-Town</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/11/11</u>
6. <u>[Signature]</u>	<u>KENOSHA WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/24/11</u>
7. <u>[Signature]</u>	<u>Kenosha, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/24/11</u>
8. <u>[Signature]</u>	<u>6323 39th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/24/11</u>
9. <u>[Signature]</u>	<u>2109 29th ST</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/26/11</u>
10. <u>[Signature]</u>	<u>1118 60th Street Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>

Certification of Circulator

I, Cathy A. Brackshaw, certify:

(name of circulator)

I reside at 8201 66th St Kenosha WI

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/29/11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1948

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

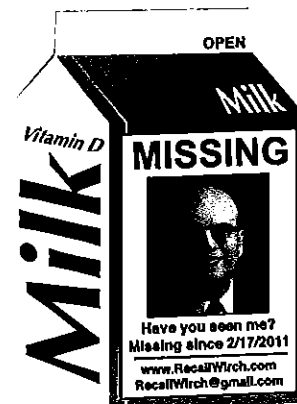
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Richard Papahl</u>	<u>8635 - 233 AVE</u> <u>SALEM, WIS.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3-2-11</u>
2. <u>Joyce M. Papahl</u>	<u>8635 233 Ave</u> <u>Salem Wis.</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>SALEM</u>	<u>3/2/11</u>
3. <u>Becky B...</u>	<u>Pleasant Prairie WI</u> <u>6205 85th S 3158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/2/11</u>
4. <u>Rudolf B. B...</u>	<u>3813-116th Ave.</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-2-11</u>
5. <u>Paul Carson</u>	<u>19818 86th St.</u>	<input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Bristol</u>	<u>3-3-11</u>
6. <u>Kathy H. Meyer</u>	<u>Pleasant Prairie, WI</u> <u>8483 Northview Dr.</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3-4-11</u>
7. <u>Jim Schlattig</u>	<u>4808-45th AVE</u> <u>KENOSHA, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-8-11</u>
8. <u>Maria J. Amerson</u>	<u>6846-5th Ave.</u> <u>Kenosha, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/20/11</u>
9. <u>Jan B...</u>	<u>6840 5th AVE.</u> <u>KENOSHA, WI 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/20/11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, MATTHEW AUGUSTINE, certify:
(name of circulator)

I reside at 4306 31st Ave Kenosha, WI 53144
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-2-11
(date)

Matthew Augustine
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1949

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Scott Krueh</u>	<u>7985 200 Ave</u>	<input type="checkbox"/> Town <u>PRISTOL</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-5-11</u>
2. <u>[Signature]</u>	<u>6301 93rd Ave</u>	<input checked="" type="checkbox"/> Town <u>Kenosha</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-5-11</u>
3. <u>Tom Reckert</u>	<u>1135 77th St</u>	<input type="checkbox"/> Town <u>Pleasant Prairie WI</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-5-11</u>
4. <u>George Klotz</u>	<u>6514 98th Ave</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-5-11</u>
5. <u>John J. Mitman</u>	<u>6017 65th Street</u>	<input type="checkbox"/> Town <u>Kenosha</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-5-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Daniel Hunt, certify:

(name of circulator)

I reside at 2300 22nd St. Pleasant Prairie, WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Wm. J. Thomse</u>	<u>146 E. Main St</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <u>Twin Lakes, WI</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/05/2011</u>
2. <u>Linda A. Thompson</u>	<u>146 E Main St</u> <u>Linda A Thompson 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes WI</u> <input type="checkbox"/> City	<u>3-5-2011</u>
3. <u>Bob Boryk</u>	<u>27408 Clark Rd</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Dover</u> <input type="checkbox"/> City	<u>3-5-2011</u>
4. <u>Linda K. Williams</u>	<u>8307 Wheatland Rd</u> <u>Burlington, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City	<u>3-5-2011</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Amy Giles-Maure, certify.

(name of circulator)

I reside at 505 49th Ave - Kenosha WI Town of Somers

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-5-11
(date)

Amy Giles-Maure
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

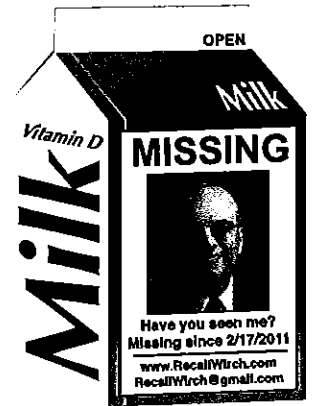
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Nancy C. Wich</u>	<u>7858 17 AVE 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/8/11</u>
2. <u>Eda A. Vil</u>	<u>7858-17 Ave 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-8-11</u>
3. <u>Stacey Herchman</u>	<u>7927 17 AVE 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/10/11</u>
4. <u>Aly Herchman</u>	<u>7927 17th Ave 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/10/11</u>
5. <u>Erin Herchman</u>	<u>2927 17th AVE 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-10-11</u>
6. <u>Whitney R. Vil</u>	<u>7927 17th Ave 53143</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/17/11</u>
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Jane O. Ulrich, certify:
(name of circulator)

I reside at 1415-79th St Kenosha, WI 53143
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

5 April 2011
(date)

Jane O. Ulrich
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1952

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

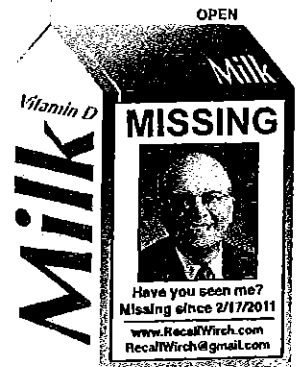
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Doreen Becker</u>	<u>9000 226th St</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/5/11</u>
2. <u>Carol Becker</u>	<u>9000 226th St</u> <u>Salem, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/5/11</u>
3. <u>Gay Hauer</u>	<u>8530 234th Ave</u> <u>Salem, WI 53108</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>3/5/11</u>
4. <u>Marcel White</u>	<u>6805 102 St Unit 10C</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/5/11</u>
5. <u>Stan White</u>	<u>6805 102 St Unit 10C</u> <u>Pleasant Prairie, WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/5/11</u>
6. <u>Joseph Salerno</u>	<u>8720 34th Ave</u> <u>Kenosha WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/5/11</u>
7. <u>Eric Brunson</u>	<u>9598 42nd Ave</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>3/5/11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, PATRICIA SALERNO, certify:

(name of circulator)

I reside at 8720 34th Ave Kenosha WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-5-11
(date)

Patricia Salerno
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

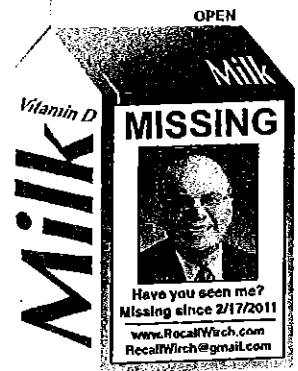
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ralph A. Petersen</u>	<u>5415 49th Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/5/11</u>
2. <u>Bernice Petersen</u>	<u>4355 94th St</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/5/11</u>
3. <u>Lebra Schultz</u>	<u>4355 94th St</u> <u>Pleasant Prairie WI 53158</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Prairie</u>	<u>4-11-11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, RICHARD E. SCHULTZ, certify:
(name of circulator)

I reside at 4355 94th STREET PLEASANT PRAIRIE WI, 53158
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-11-11
(date)

Richard E. Schultz
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

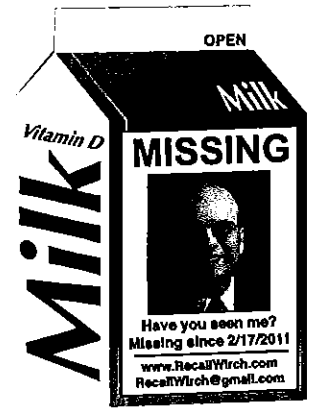
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Lina A. Gasolo-Ricker</u>	<u>4711-67th Place</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-4-11</u>
2. <u>[Signature]</u>	<u>4711 67th Pl</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-4-2011</u>
3. <u>Shirley Ingerson</u>	<u>1802 - 67th Pl</u> <u>Kenosha 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-25-2011</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Michael B. Ricker **Certification of Circulator**, certify:

I reside at 4711 67th Place Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-11-2011
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>26625 105th ST</u> <u>TREVOR WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4/3/11</u>
2. <u>[Signature]</u>	<u>2880 - 11th PL</u> <u>Somers WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-3-11</u>
3. <u>[Signature]</u>	<u>26625 - 105th ST</u> <u>TREVOR WI 53179</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Salem</u>	<u>4-3-11</u>
4. <u>[Signature]</u>	<u>2818 - 11th PL</u> <u>4603</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4-3-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

Patricia K. McGovern (Patricia K. McGovern certify:
(name of circulator)

I reside at 8329 - 65 Avenue Kenosha
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

Patricia K. McGovern
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

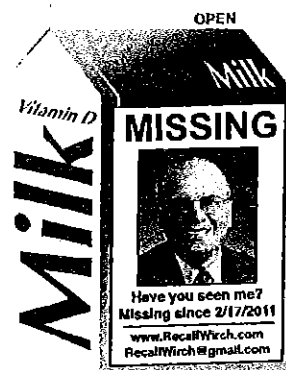
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>WMEID</u>	<u>6672 102nd St UNIT F</u> <u>PLEASANT PRAIRIE, WI 53188</u>	<input checked="" type="checkbox"/> Town <u>PLEASANT</u> <input type="checkbox"/> Village <u>PLEASANT</u> <input type="checkbox"/> City <u>PLEASANT</u>	<u>3/15/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Camela Pawroznik, certify:

(name of circulator)

I reside at 340 Homestead Dr.; Twin Lakes, WI 53181
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03-15-2011
(date)

Camela Pawroznik
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>5719 63rd Street</u> <u>KENOSHA WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>KENOSHA</u>	<u>4/2/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Michael KoFroth, certify:

(name of circulator)

I reside at 318 57th St #210 Kenosha, WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

4/10/11

(signature of circulator)

[Signature]

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

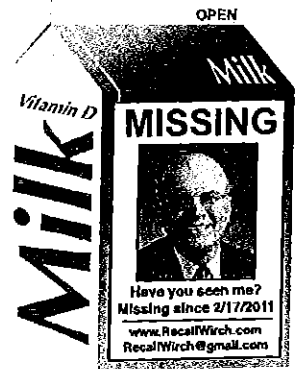
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Redolfo Acuña</u>	<u>5018 28th Kenosha</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-29-2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, SCOTTY WALLENT, certify:
(name of circulator)

I reside at 10006 70TH ST KENOSHA WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-29-11
(date)

Scotty Walent
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1959

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Julia Ryspaywa</u>	<u>1815 38th St</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/8/11</u>
2. <u>Sandra Duveneck</u>	<u>1440 43RD Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3/8/11</u>
3. <u>Kathleen Vaughan</u>	<u>9707-12TH PL</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/8/11</u>
4. <u>Debra Minton</u>	<u>9230 12th St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/8/11</u>
5. <u>Jerry D Schwarz</u>	<u>4011 53rd St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/2011</u>
6. <u>Maria L. Scher</u>	<u>1011 53rd St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/2011</u>
7. <u>Gerry D Schwarz</u>	<u>4011 53rd St</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-13-2011</u>
8. <u>Mary Ann Passarelli</u>	<u>4516-23rd Ave</u> <u>Kenosha WI 53140</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
9. <u>Gerardo Ruben De Jesus</u>	<u>4520 23rd Ave</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/29/11</u>
10. <u>MS Smith Graham</u>	<u>4812 23rd Ave</u> <u>Kenosha 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHIA</u>	<u>3/29/11</u>

Certification of Circulator

I, Scotty Wallent

(name of circulator)

certify:

I reside at 10006 70th St Kenosha, WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

3-29-11
(date)

Scotty Wallent
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1960

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

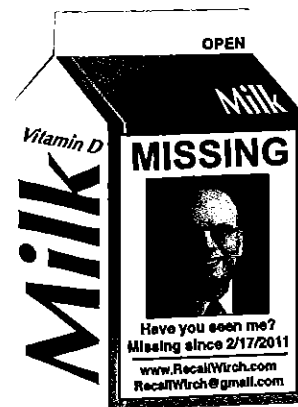
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ellie E. Imhoff</u>	<u>8511 27th Avenue #5</u> <u>Kenosha WI 53143</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Kenosha</u>	<u>3-4-11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, LARRY O BUCHOWSKI, certify:
(name of circulator)

I reside at 3813 14TH AVE. KENOSHA WI, 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-10-11
(date)

[Signature]
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

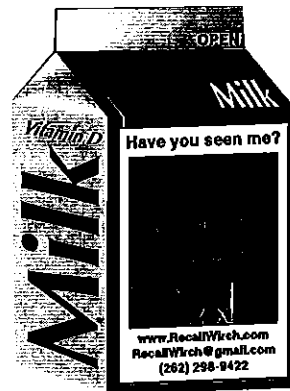
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jesse J Fletcher</u>	<u>6523 116th ST</u> <u>Pleasant Prairie WI 53150</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>4/10/11</u>
2. <u>Renee Hupen</u>	<u>6523 116th ST</u> <u>Pleasant Prairie WI 53150</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>4/10/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Jesse J Fletcher **Certification of Circulator**

, certify:

I reside at 6523 116th ST Pleasant Prairie WI 53150

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Jesse J Fletcher 4/10/11
(date)

Jesse J Fletcher
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1962

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

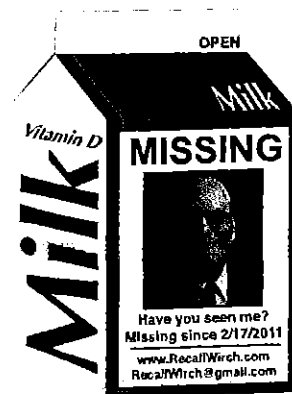
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Gerald L. Smith</u>	<u>9951 Sheridan Rd</u>	<input checked="" type="checkbox"/> Town <u>Pleasant Prairie</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>9 Apr 11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Gerald L. Smith **Certification of Circulator**, certify:

I reside at 9951 Sheridan Rd, Pleasant Prairie
(name of circulator)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

9 Apr 11
(date)

Gerald L. Smith
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1963

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

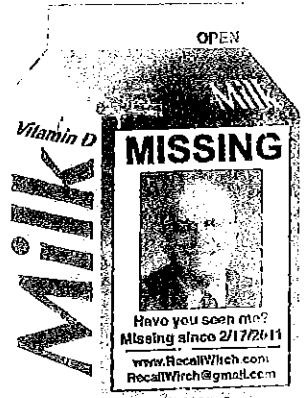
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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Stelby Kramer</u>	<u>29401 Creek Dr</u> <u>Burlington WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>2-28-11</u>
2. <u>Gail Kross</u>	<u>541 E Jefferson St</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>2-28-11</u>
3. <u>Thomas J. K.</u>	<u>124 Kings Ct</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>2/28/11</u>
4. <u>Marjorie C. Vas</u>	<u>124 Kings Ct</u> <u>Burlington WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>2/28/11</u>
5. <u>Yvonne Poul</u>	<u>1413 172nd Ave</u> <u>Union Grove, WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Paris</u>	<u>3-1-11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

William J. Poul JR

(name of circulator)

certify:

Reside at 1413-172nd Ave Union Grove wis 53182 PARIS

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

April 6-11

(signature of circulator)

Wm J Poul Jr

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

(Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984. <http://gabb.wis.gov> email: gabb@wi.gov

Page No.

1964

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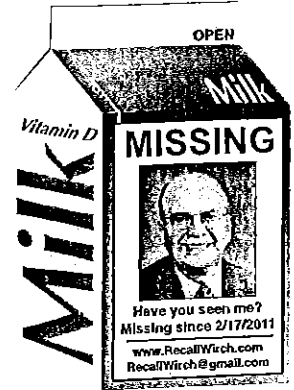
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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>[Signature]</u>	<u>6825 McHenry St.</u>	<input checked="" type="checkbox"/> Town <u>Burlington</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-19-11</u>
2. <u>Wayne R. Coughlin</u>	<u>13011-18th street</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-19-11</u>
3. <u>Margaret H. Coughlin</u>	<u>13011 1st St.</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-19-11</u>
4. <u>E. Pzh</u>	<u>14505 1st St</u>	<input checked="" type="checkbox"/> Town <u>Paris</u> <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3-21-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Diana Coughlin, certify:
(name of circulator)

I reside at 13101 first St. in Paris township
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-10-11
(date)

Diana L Coughlin
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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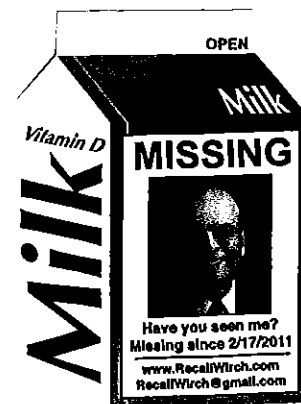
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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Leandra Resel</u>	<u>3780 116th Street</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3/11/11</u>
2. <u>[Signature]</u>	<u>6672 102nd St</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Waukegan</u> <input type="checkbox"/> City	<u>3/26/11</u>
3. <u>Paulina A Zarebska</u>	<u>6672-102nd St # E</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/26/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Ricky J Resch, certify:

I reside at 3780 116th St. Pleasant Prairie WI 53150
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-26-11
(date)

Ricky J Resch
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1966

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(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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(name of officeholder to be recalled and office)

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	3707-855 th UNIT D Kenosha W.I.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-3-11
2. W. Craig Deaton	3017 94 th PL. Pleasant Prairie, WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-4-11
3. Robert M. Jallman	7006-2ND AVE Kenosha, WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3-4-11
4.	8712-2ND AVE. PLEASANT PR-53158	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City KENOSHA	3-5-11
5.	4451-113 th ST	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant Prairie	3-5-11
6.	27211-85 Place Salem, WI 53168	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Salem	3/8/11
7. Shirley M. Freitag	6829-36 th AVE. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
8. Joel H. Freitag	6829-36 th AVE. Kenosha, WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
9. Anna Clifton	5119-61 st Street Kenosha, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11
10. Jason Clifton	5119 61 st ST KENOSHA WI 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/12/11

Certification of Circulator

I, GABRIELE NUDO, certify:

(name of circulator)

I reside at 6410-53 AVE KENOSHA WI 53142

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

3/12/11

(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

1967

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kristin Carpenter</u>	<u>3116 - 4th St</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bombers</u>	<u>2/25/11</u>
2. <u>Brian Carpenter</u>	<u>3116 - 4th St</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>2/25/11</u>
3. <u>Alise Otter</u>	<u>2301 - 21st St.</u> <u>Kenosha, WI 53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-29-11</u>
4. <u>Larry Otter</u>	<u>2301 - 21st St.</u> <u>Kenosha, WI 53146</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>2-28-11</u>
5. <u>Shelly Otter</u>	<u>2310 47 Ct</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
6. <u>[Signature]</u>	<u>2310 47 Ct</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
7. <u>Cindy Otter</u>	<u>1802 - 23rd Street</u> <u>Kenosha WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
8. <u>Laurence Otter</u>	<u>5207 - 41st Street</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
9. <u>[Signature]</u>	<u>5207 41st Street</u> <u>Kenosha WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
10. <u>Kristin Carpenter</u>	<u>425 - 8th Place</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>3-12-11</u>

Certification of Circulator

I, Brian Carpenter, certify:

(name of circulator)

I reside at 3116 4th Street Kenosha, WI 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-12-11
(date)

[Signature]
(signature of circulator)

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Recall Wirch

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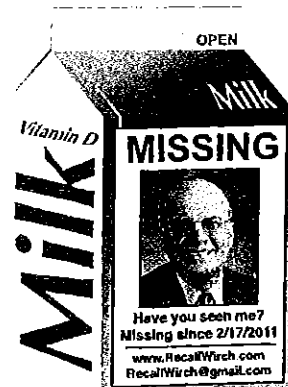
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1. <u>Mat Hawkins</u>	<u>10020 74th ST UNIT E</u> <u>KENOSHA, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/9/11</u>
2. <u>Kathy Da...</u>	<u>3303 79th ST</u> <u>KENOSHA WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>4/9/11</u>
3. <u>Reynold C. Spolan</u>	<u>2800 50th St</u> <u>Kenosha, WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Somers</u>	<u>4/11/11</u>
4. <u>Carolyn Spolan</u>	<u>2900 70th St</u> <u>Kenosha WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Somers</u>	<u>4/11/11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Chad Giles **Certification of Circulator**, certify:

I reside at 4800 4th Street Somers
(name of circulator)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-12-11
(date)

[Signature]
(signature of circulator)

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We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

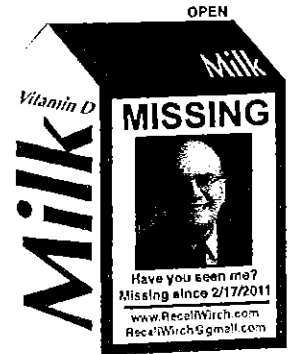
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Christopher J. Wanta</u>	<u>6328 40th Ave</u> <u>Kenosha, WI 53142</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/14/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Colana K. Hutchinson, certify:
(name of circulator)
I reside at 4421 Harrison Road Kenosha, WI 53142
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/15/11
(date)

Colana K. Hutchinson
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

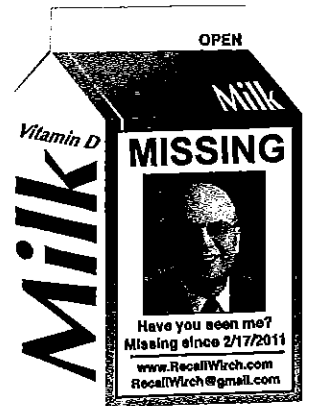
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin,
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. LISA Warner	5815 33rd Ave Kenosha WI 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/27/11
2. Dawn Knapurek	6001-55th St Kenosha 53144	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/27/11
3. Corrie Centeno	1071 61st Kenosha WI 53143	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/27/11
4. RD. Talm	3607-18 Ave Kenosha WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	2/27/11
5. Heather Bobet	1735 15th #11C Kenosha WI 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/1/11
6. Shirley L. Li	4305 Tangle up Kenosha 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/1/11
7. Shirley Savaglio	8986 33rd Ave Kenosha 53142	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	3/11/11
8. Matt Bug	8612 Lakeshore Dr Pleasant Prairie, WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Pleasant Prairie	3-11/11
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Gordon Rossow, certify:
(name of circulator)

I reside at 5036 6th Ave Kenosha WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3-11-11
(date)

Gordon Rossow
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Alberta Allen</u>	<u>580 MADISON ST</u> <u>Burlington WI 53105</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Burlington</u>	<u>March 31 - 2011</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ALBERTA ALLEN, certify:

(name of circulator)

I reside at Alberta Allen 580 MADISON ST Burlington WI 53105

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/8/2011
(date)

Alberta Allen
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

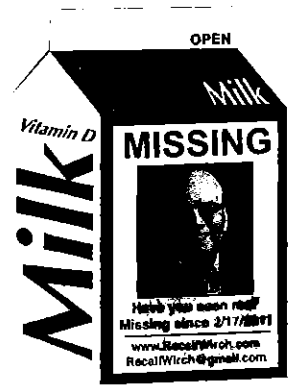
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(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Anthony Polcaro</u>	<u>30826 Running Fox Trail</u> <u>Burlington, WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Burlington</u> <input type="checkbox"/> City	<u>3-2-11</u>
2. <u>Mark A. Pons</u>	<u>4711 7th St</u> <u>Somers, WI 53141</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-2-11</u>
3. <u>DJP</u>	<u>4120-27th St</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-2-11</u>
4. <u>Marcus Polcaro</u>	<u>9711 7th St</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-2-11</u>
5. <u>Michael A. Polcaro</u>	<u>9711 7th Street</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-2-11</u>
6. <u>Mark Polcaro</u>	<u>4711 7th St</u> <u>Kenosha WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-5-11</u>
7. <u>Timothy Kopyni</u>	<u>4120-27th St</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
8. <u>Phil C</u>	<u>1112 56th St</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3-12-11</u>
9. <u>Mark Polcaro</u>	<u>9711 7th St</u> <u>Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <u>Somers</u> <input type="checkbox"/> City	<u>3-12-11</u>
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, ANTHONY POLCARO, certify:
(name of circulator)

I reside at 30826 Running Fox Trail, Burlington, WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-7-11
(date)

Anthony Polcaro
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

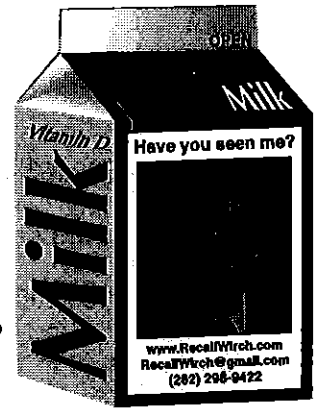
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Doug Stalker</u>	<u>8982 371st Ave</u> <u>TWIN LAKES, WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall Township</u>	<u>4/4/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Doug Stalker **Certification of Circulator**, certify:
(name of circulator)
I reside at 8982 371st Ave, Twin Lakes, WI 53181 Randall
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/4/11
(date)

Doug Stalker
(signature of circulator)

Please mail this form to:

Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

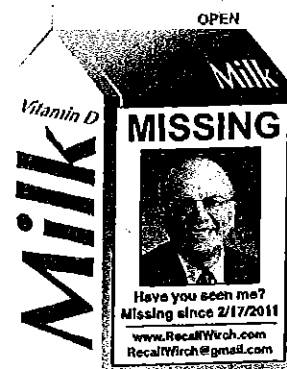
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Kim A. Zorn</u>	<u>723 Torrey Pines Dr.</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-26-11</u>
2. <u>John Bragg</u>	<u>401 W BARN DRIVE</u> <u>TWIN LAKES, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-27-11</u>
3. <u>Tom Haysen</u>	<u>1517 1st ST</u> <u>Twin Lakes, WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Twin Lakes</u> <input type="checkbox"/> City	<u>3-27-11</u>
4. <u>David H. Haysen</u>	<u>23609 66th ST</u> <u>SALEM, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>4-2-11</u>
5. <u>Kerry M. Haysen</u>	<u>23609 66th ST</u> <u>Salem, WI 53168</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Paddock Lake</u> <input type="checkbox"/> City	<u>4/2/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Alice L. Grynor, certify:

(name of circulator)

I reside at 1517 FIRST ST TWIN LAKES WI 53181

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/11/11
(date)

Alice L. Grynor
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

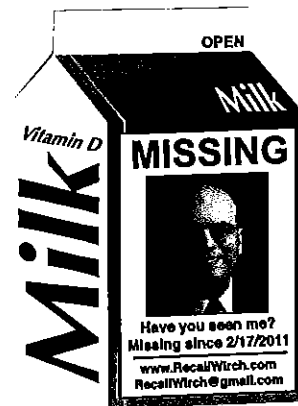
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Jill Fredericksen</u>	<u>6939-88th AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of Pleasant Prairie <input type="checkbox"/> City	<u>3/4/2011</u>
2. <u>Mark Fredericksen</u>	<u>6939-88th AVE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village PL. PRAIRIE <input type="checkbox"/> City	<u>3-4-11</u>
3. <u>Mike Childs</u>	<u>4619 88th Place</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/6/2011</u>
4. <u>VICTORIA BARNHART</u>	<u>1338-95th AVE</u> <u>KENOSHA, WI</u>	<input checked="" type="checkbox"/> Town <u>SOMERS</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3/6/2011</u>
5. <u>Kareel Hansworth</u>	<u>21818 9th ST #24</u> <u>KANSASVILLE WI</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input checked="" type="checkbox"/> Village <u>KANSASVILLE</u> <input type="checkbox"/> City	<u>3-8-11</u>
6. <u>Michelle Hansworth</u>	<u>21818 9th St. Lot 24</u> <u>KANSASVILLE WI</u>	<input checked="" type="checkbox"/> Town <u>Brighton</u> <input checked="" type="checkbox"/> Village <u>KANSASVILLE</u> <input type="checkbox"/> City	<u>3-8-11</u>
7. <u>James Barnhart</u>	<u>1338 95th AVE</u> <u>KENOSHA, WI 53144</u>	<input checked="" type="checkbox"/> Town <u>Somers</u> <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>KENOSHA</u>	<u>3-29-11</u>
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, JOAN MADSEN, certify:
(name of circulator)

I reside at 4333 PINEVIEW CT, PLEASANT PRAIRIE, WI 53403
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

04.14.2011

(signature of circulator)

Joan Madsen

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

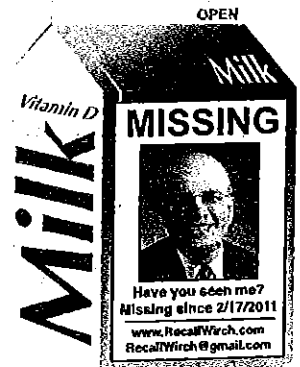
(name of officeholder to be recalled and office)

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Matthew Bender</u> <u>Matthew Bender</u>	<u>422 38th Avenue Kenosha, WI 53144</u>	<input checked="" type="checkbox"/> Town of Somers <input type="checkbox"/> Village <input type="checkbox"/> City	<u>3/19/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Matthew Bender, certify:

(name of circulator)

I reside at 422 38th Avenue Kenosha, WI 53144 Town of Somers

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/12/11
(date)

Matthew Bender
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

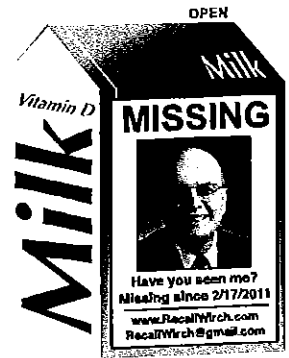
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>B. Murrell</u>	<u>9590 42ND CT.</u> <u>Pleasant Prairie, WI 53158</u>	<input type="checkbox"/> Twpn <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3-10-2011</u>
2. <u>[Signature]</u>	<u>1231 218 Ave</u> <u>Kenosha WI 53107</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kenosha</u> <input type="checkbox"/> City	<u>3-10-2011</u>
3. <u>Sydney M. Ray</u>	<u>6517 43rd Ave</u> <u>Kenosha, WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>3-11-11</u>
4. <u>James H. Patcher</u>	<u>10190 8th Ave.</u> <u>PLEASANT PRAIRIE</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>PLEASANT PRAIRIE</u> <input type="checkbox"/> City	<u>3/13/11</u>
5. <u>Jeanine D. Patcher</u>	<u>10190 - 8th Ave</u> <u>Pleasant Prairie</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/13/11</u>
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

I, Alyssa Hunt, **Certification of Circulator**, certify:
(name of circulator)

I reside at 5533 6th Ave # 2 Kenosha WI 53140
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/13/11
(date)

[Signature]
(signature of circulator)

Please mail this form to: **Recall Wirch**

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1978

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Donald Chenault</u>	<u>22301 31st ST</u> <u>BRISTOL WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRIGHTON</u>	<u>1 APR 2011</u>
2. <u>Penelope Chenault</u>	<u>22301 31st ST</u> <u>BRISTOL WI 53104</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BRIGHTON</u>	<u>1 APR 11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, DONALD CHENAULT, certify:

(name of circulator)

I reside at 22301 31st ST BRISTOL WI 53104 TOWN OF BRIGHTON
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

10 APR 2011
(date)

Donald Chenault
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1979

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

*(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)*Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>Indicate Town, City, or Village</small>	DATE OF SIGNING
1. <u>Kerry M. Gloss</u>	<u>3132-47TH AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/14/2011</u>
2. <u>Tracy J. Wilson</u>	<u>7005 36th AVE</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4-14-2011</u>
3. <u>Glen E. Gloss</u>	<u>3132 47th Ave</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>4/14/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, KERRY GLOSS, certify:

(name of circulator)

I reside at 3132-47TH AVE, KENOSHA, WI. 53144

(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/14/2011
(date)Kerry M. Gloss
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1980GAB-1W (Rev. 6/2007) The information on this form is required by §§ 12.40 and 9.10, Wis. Stats.
This form is provided by the Government Accountability Board, P.O. Box 2084, Madison, WI 53702-2084.
On the web: <http://gab.wisconsin.gov>, email gab@gab.wisconsin.gov

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Deaf S</u>	<u>12319 344th Ave</u> <u>Twin Lakes, WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>4-8-11</u>
2. <u>Rebecca Hinz</u>	<u>12319 344th Ave</u> <u>Twin Lakes, WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>4-8-11</u>
3. <u>Joan Hinz</u>	<u>12319 344th Ave.</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>4-8-11</u>
4. <u>Bill Hinz</u>	<u>12319 344th Ave</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Randall</u>	<u>4-8-11</u>
5. <u>Bob Randall</u>	<u>2045 E Lakeshore Dr.</u> <u>Twin Lakes WI 53181</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-13-11</u>
6. <u>Joan Hinz</u>	<u>2045 E Lakeshore Dr.</u> <u>Twin Lakes WI 53181</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Twin Lakes</u>	<u>4-13-11</u>
7. <u>[Signature]</u>		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Wendy S Hinz, certify:
(name of circulator)

I reside at 12319-344th Ave, Twin Lakes, WI 53181
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under § 12.13(3)(a), Wis. Stats.

April 13, 2011
(date)

Wendy S. Hinz
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

1981

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1.	<u>7233 FISH HATCHERY RD</u> <u>BURLINGTON WI 53105</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Burlington</u>	<u>4/9/11</u>
2.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, MATTHEW T. HOFFMAN, certify:
(name of circulator)

I reside at 7233 FISH HATCHERY RD BURLINGTON WI 53105
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/9/11
(date)

(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District
(jurisdiction or district of officeholder)

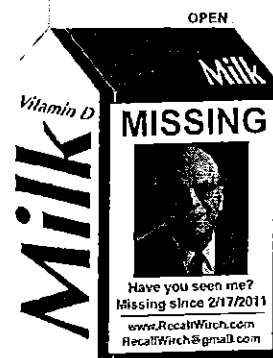
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>William E. Norman</u>	<u>623-15th Place</u> <u>Kenosha WI, 53140</u>	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Somers, WI</u>	<u>3/12/2011</u>
2. <u>Callie J. Sackett</u>	<u>1839-19th Ave</u> <u>Kenosha, WI 53140</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
3. <u>Wendy Wiggins</u>	<u>5507 31st Ave</u> <u>Kenosha, WI 53144</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Kenosha</u>	<u>3/13/11</u>
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Don Ruge, certify:

I reside at 6215 45th St. Kenosha
(name of circulator)
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4/15/11
(date)

Donald L. Ruge
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

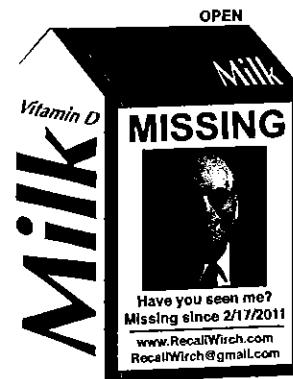
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Ricky L Hill</u>	<u>18300 Winfield Rd</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>4-9-11</u>
2. <u>[Signature]</u>	<u>18300 Winfield Rd</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>4-9-11</u>
3. <u>[Signature]</u>	<u>18515 83rd St</u> <u>Bristol WI 53104</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Bristol</u> <input type="checkbox"/> City	<u>04-09-11</u>
4. <u>Melissa Sreen</u>	<u>6047 37 Ave</u> <u>Kenosha WI 53142</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <u>Kenosha</u> <input checked="" type="checkbox"/> City	<u>4-9-11</u>
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Ricky L Hill, certify:

I reside at 18300 Winfield Rd Bristol, WI 53104
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

4-10-11
(date)

[Signature]
(signature of circulator)

Please mail this form to: Recall Wirch

RECALL PETITION

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Senate District,
(jurisdiction or district of officeholder)

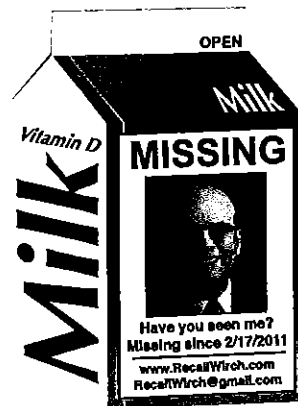
petition for the recall of Robert Wirch 22nd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.			
SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village	DATE OF SIGNING
1. <u>Daniel Krueger</u>	<u>10720 84th Place</u>	<input type="checkbox"/> Town <u>Pleasant Prairie</u> <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	<u>3-7-11</u>
2. <u>Cynthia Krueger</u>	<u>10720 84th Pl</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Pleasant Prairie</u> <input type="checkbox"/> City	<u>3/8/11</u>
3.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
4.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
5.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
6.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
7.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
8.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
9.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	
10.		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	

Certification of Circulator

I, Paul Krueger, certify:
(name of circulator)

I reside at 10720 84th Place Pleasant Prairie WI
(circulator's residence - include number, street, and municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

3/26/2011
(date)

Paul Krueger
(signature of circulator)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

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